

PUSAT PENGAJIAN IJAZAH & ASASI

CENTRE FOR DEGREE & FOUNDATION STUDIES
UTMSPACE, Level 4 and 5, Block T05, 81310 UTM Skudai, Johor.
Email: foundation@utm.my Tel: 07-531 8061/019-756 2148

PERMOHONAN PERTUKARAN KONSENTRASI/KAMPUS APPLICATION FOR CHANGE OF CONCENTRATION/CAMPUS

Section A: Student's Details					
Student's Name					
IC/Passport No.	Ma		Matric 1	No.	
Email Address			Phone No.		
Current Programme		C S		er/Session	
Home Address					
Section B: Appl	ication's Details				
I would like to apply for change of: Concentration Campus					
Current Concentration	☐ Physical Science☐ Life Science☐ Social Science	New Concen Applied		☐ Physical Science ☐ Life Science ☐ Social Science	
Current Campus	☐ UTM JB ☐ UTM KL	New Campus Applied	mpus		
Semester/ Session applied					
Reason (s) of application					
Student's Signature				Date:	
Section C: To be	completed by Head of Department and	General M	Ianager		
Head of Department's Comment: General Manager's Comment:			mment:		
Recommended: Not recommended: R		Recommend	ed:	Not recommended:	
		Signature & Stamp:			
Signature & Sump.		Signature & Stamp.			
Date:	I	Date:			

Section D: For PPI office use				
Result:	Approved	Not Approved		
Approved for Semester/Se	ession:,/	Signature & Stamp:		
Approved Concentration/0	Campus:			
Remarks:				
		_		
		Date:		
Form checked and student	t's record updated by:			
Signature:				
Name:		Date: :		